

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/593990		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2		/		/			52		/		/		
3		/		/			53		/		/		
4		/		/			54		/		/		
5		/		/			55		/		/		
6		/		/			56		/		/		
7		/		/			57		/		/		
8		/		/			58		/		/		
9		/		/			59		/				
10		/		/			60		/				
11		/		/			61	/					
12		/		/			62		/				
13		/		/			63		/				
14		/		/			64		/				
15		/		/			65		/				
16		/		/			66		/				
17		/		/			67		/				
18		/		/			68		/				
19		/		/			69		/				
20		/		/			70		/				
21		/		/			71		/				
22		/		/			72		/				
23		/		/			73		/				
24		/		/			74		/				
25		/		/			75		/				
26		/		/			76		/				
27		/		/			77		/				
28		/		/			78		/				
29		/		/			79		/				
30		/		/			80		/				
31		/		/			81		/				
32		/		/			82		/				
33		/		/			83		/				
34		/		/			84		/				
35		/		/			85		/				
36		/		/			86		/				
37		/		/			87		/				
38		/		/			88		/				
39		/		/			89		/				
40		/		/			90		/				
41		/		/			91		/				
42		/		/			92		/				
43		/		/			93	/					
44		/		/			94		/				
45		/		/			95		/				
46		/		/			96		/				
47		/		/			97		/				
48		/		/			98		/				
49		/		/			99		/				
50				/			100		/				
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	54	←		←
TOTAL CLAIMS							TOTAL CLAIMS			55			

PTO - 1360 (REV. 11/04)

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